

PTO/SB/06 (08-00)
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PATENT APPLICATION FEE DETERMINATION RECOR							Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY			OR	OTHER TH	<u> </u>	
FOR NUMBER FILED			NUMBER 1	RATE FEE			RATE	FEE: B				
BUILD AND FRANCISCO STRUCTURE A CONTRACTOR OF ANY STRUCTURE OF ANY STRUCTU						Material a	Section Section			* a sub.	Prop.	
BASIC FEE (37 CFR 1.16(a))						\$	OR		2010			
(3/ CFR 1.10(c))) Minus	120	x \$_	=		OR	× \$18 =	684		
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus				x			OR	x <u>X</u>) =	340			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									OR	+=	4	
* If the difference in column 1 is less then zero, enter "0" in column 2						TO	TAL	<u></u>	OR	TOTAL	1634	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					(Column 3)	SM	ALL E	ENTITY	OR	OTHER TI		
AMENDMENT A	6.43 6.43	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$_	=			x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _	_=			x=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))] +	=		OR	+=		
	(Column 1) (Column 2) (Column 3)						TAL FEE		OR A	TOTAL DDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	=			x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x_	=			x=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))] <u> </u> _	=		OR	+=	:	
(Column 1) (Column 2) (Column 3)							TOTAL		OR	TOTAL ADDIT. FEE]
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$.	=		OR	x \$=		1
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x_			OR OR	x=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))] [+_	<u>-</u>		OR	+=		
*]	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".							E	OR	TOTAL ADDIT. FEE		_

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "30".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.